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| **APPLICATION FOR REASSESSMENT**  **Laboratory Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Applicant Organisation**  Name/Division/Section, etc. |  |
| **2 Accreditation Number(s)** |  |
| **3 Postal Address**  Accredited Organisation/Division/Section |  |
| **4 Physical Location**  Street address of the primary location of the organisation to be assessed e.g. head office. |  |
| **4a Physical Location**  Street address(es) of additional sites (if more than the one noted above) to be covered by the scope of accreditation.  (*These could be listed separately and provided as an attachment.)* |  |
| **5 Telephone** | Telephone |
| **6 Website address (URL)** |  |
| **7 Applicant Ownership Details** |  |
| **8 New Zealand Business Number (NZBN)** |  |
| **9 Legal Status**  *(e.g. limited liability company, partnership, local authority, etc.)* |  |
| **10 Email Invoice Address**  Email address to which invoices are to be sent |  |
| **11 Chief Executive Officer**  Name and title of the Chief Executive Officer of the accredited organisation. | Name  Job Title |
| **12 Authorised Representative**  Name and title of the person who will be IANZ's primary point of contact for all matters relating to this accreditation. If address, phone and fax details are not as above then please provide them as an attachment. | Name  Job Title  Email  DDI  Mobile |
| **13 On-site Contact Person(s)**  Include contact persons for each additional site (as an attachment) as appropriate. | Name  Job Title  Email |
| **14 Accreditation Programme/Field(s) of Technology**  Summary of proposed scope of work for which continued accreditation is sought. |  |
| **15 Commitment to meeting accreditation requirements**  We commit to continuing to meet the requirements for accreditation as set out in the IANZ criteria documents and *Procedures and Conditions for Accreditation* including the following:  We undertake to ensure that our operations, staff, facilities, and procedures will continue to fulfil the general criteria for accreditation and relevant specific criteria for accreditation.  We undertake to immediately notify IANZ of any significant changes in operations, facilities, procedures or staff, which are likely to affect our accreditation or the terms in which the accreditation is expressed.  We undertake to use the IANZ Accredited Laboratory accreditation symbol only in a manner which is in compliance with IANZ requirements.  We undertake to allow IANZ reasonable access to our operations, facilities and procedures, for the purpose of surveillance, routine and special assessments from time to time.  We undertake to pay annual accreditation fees and any reasonable costs relating to such assessments.  We agree to supply any information needed for the assessment of the organisation.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** |  | **Signature** |  | **Date** |  |   *(This authorisation shall be made by appropriate senior management)* | |
| **16 Notes for Applicants**  **Criteria and Rules**  Before lodging a formal Application for Reassessment, organisations should ensure that their systems, procedures and facilities continue to meet all IANZ accreditation criteria and conditions for accreditation.  **Fees**  Fees are revised from time to time by the Accreditation Council. Please consult the current fee schedule (available at [www.ianz.govt.nz](http://www.ianz.govt.nz) ). Fees quoted exclude GST.  **Accreditation Questionnaire**  An Application for Reassessment should be accompanied by a completed relevant Laboratory Accreditation Questionnaire and the supporting information requested therein. This information is used in the planning of your organisation's reassessment and in the briefing of the assessment team.   |  |  | | --- | --- | | **Please return this form and associated documentation to:** | | |  | **IANZ** | | **Post** | Private Bag 28908  Remuera  Auckland 1541 | |  | |  | | **Physical** | Level 1, 626 Great South Road  Ellerslie  Auckland 1051 | |  | |  | | **Telephone** | (09) 525 6655 | | **Facsimile** | (09) 525 2266 | | **Email** | [info@ianz.govt.nz](mailto:info@ianz.govt.nz) | | |



**ACCREDITATION QUESTIONNAIRE**

Laboratory Accreditation Programme

(Chemical, Biological, Drinking-Water, MPI Recognised Laboratory Programme)

**GENERAL INFORMATION**

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| 1.1 Name of accredited or applicant Organisation.  ,  1.2 Please provide a brief summary of the primary function of the organisation and/or any changes in function during the past two years.    1.3 Summary Scope of this Routine Reassessment (as stipulated in the Assessment Notification Letter from IANZ for this assessment).    1.4 Checklist  With respect to the technical scope of this visit as set out in the assessment notification letter, please provide the following information:  Example methods from each of the testing services disciplines being assessed  Key Technical Personnel appointments with Curriculum Vitae  Key Technical Personnel Test Selection Forms (MPI RLP only)  Current staff organisation chart  Reports or certificates and associated workbook/sheet records  Proficiency programme results for the past 12 months and four yearly plan (see Section 7)  ***Please note that, in order to adequately brief the assessment team, it is necessary for IANZ to reproduce some or all of the material supplied.***  1.5 Please identify the person who completed this submission.    Name  Title  Signature Date  1.6 Please forward this submission and the documents listed above to the nominated Lead Assessor either to the address below or upload to the IANZ portal:  IANZ  **Mail:** Private Bag 28908, Remuera, Auckland 1541  **Physical:** Level 1, 626 Great South Road, Ellerslie, Auckland 1051  For further information, contact your Programme Manager at IANZ, **Telephone: (09) 525 6655**  ***Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.***  The application form allows for assessments for continuing accreditation in more than one programme.  Please complete section/s as appropriate to your laboratory operation:  Section 2 (Chemical / Biological)  Section 3 (Drinking-water)  Section 4 (MPI Recognised Laboratory Programme) |

**METHODS (CHEMICAL / BIOLOGICAL PROGRAMMES)**

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| * 1. a. With reference to the scope of this assessment as identified in section 1.3 please list all new tests for which accreditation is being sought.   b. Please attach a copy of your current schedule to the Certificate of Accreditation with any deletions or alterations to the existing tests marked (updated editions, corrected wording, etc.).  2.2 a. For all new tests please attach copies of the laboratory’s documented procedures, validation/verification report, satisfactory proficiency testing results, records of KTP appointments and reports including the associated worksheet records. Please include copies of relevant reference procedures especially those which are unpublished, client supplied, difficult to obtain or in-house methods.  b. Please attach copies of some currently accredited example methods from each of the testing services disciplines being assessed, especially those which are unpublished, client supplied, difficult to obtain or in-house methods. | | | |
| PRODUCT / MATRIX | SPECIFIC TESTS /  MEASUREMENTS | METHODS USED | MEASUREMENT UNCERTAINTY AND / OR LIMITS OF DETECTION |
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**METHODS (DRINKING-WATER PROGRAMME)**

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| * 1. a. With reference to the scope of this assessment as identified in section 1.3 please list all new tests for which accreditation is being sought.   b. Please attach a copy of your current schedule to the Certificate of Accreditation with any deletions or alterations to the existing tests marked (updated editions, corrected wording, etc.).  3.2 Please indicate if the laboratory enters data directly into the DWO database, delete as appropriate  (Yes / No)  3.3 a. For all new tests please attach copies of the laboratory’s documented procedures, validation/verification report, satisfactory proficiency testing results, records of KTP appointments and reports including the associated worksheet records. Please include copies of relevant reference procedures especially those which are unpublished, client supplied, difficult to obtain or in-house methods.  b. Please attach copies of some currently accredited example methods from each of the testing services disciplines being assessed. | | | |
| PRODUCT / MATRIX | SPECIFIC TESTS /  MEASUREMENTS | METHODS USED | MEASUREMENT UNCERTAINTY AND / OR LIMITS OF DETECTION |
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**METHODS (MPI RECOGNISED LABORATORY PROGRAMME)**

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| * 1. a. With reference to the scope of this assessment as identified in section 1.3 please list all new tests for which accreditation is being sought.   b. Please attach a copy of your current schedule to the Certificate of Accreditation with any deletions or alterations to the existing tests marked (updated editions, corrected wording, etc.).  4.2 a. For all new tests please attach copies of the laboratory’s documented procedures, validation/verification report, satisfactory proficiency testing results, records of KTP appointments and reports including the associated worksheet records. Please include copies of relevant reference procedures especially those which are unpublished, client supplied, difficult to obtain or in-house methods.  b. Please attach copies of some currently accredited example methods from each of the testing services disciplines being assessed. | | | |
| PRODUCT / MATRIX | SPECIFIC TESTS /  MEASUREMENTS | METHODS USED | MEASUREMENT UNCERTAINTY AND / OR LIMITS OF DETECTION |
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**STAFF (KEY TECHNICAL PERSONNEL)**

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| * 1. a. Please list all those who have been appointed as Key Technical Personnel (KTP) for IANZ endorsement of reports (the laboratory’s listing from the Quality System may be attached).   b. A brief Curriculum Vitae for each appointed Key Technical Person needs to be included.  c. For MPI RLP laboratories, please attach a completed RLP KTP Test Selection Form (<https://www.ianz.govt.nz/resources/documents-2/forms/>) for each appointed KTP. | |
| NAME | CLASSES OF METHODS COVERED BY KEY TECHNICAL PERSONNEL APPOINTMENT |
|  |  |
| 5.2 Please list any Key Technical Personnel or key staff who have left your organisation in the last two years.    5.3 Please attach a copy of the current organisation chart for your organisation detailing staff.  5.4 Please list staff numbers:  Full time  Part time | |

**RECORDS**

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| 6.1 a. Relating to the new methods provided in Section 2.1, 3.1 and 4.1, please attach one copy of some proposed or typical reports that your laboratory has issued, covering each testing services discipline being assessed, with copies of associated original data (such as worked examples of worksheets or pages from workbooks). (The data should be copies of actual test or measurement or observation data. To maintain confidentiality, the client identification can be removed).  b. With reference to the scope of this assessment as identified in section 1.3 please forward copies of a typical reports with associated worksheets.  Number of reports or certificates enclosed:    Number of worksheets or workbook pages enclosed:    6.2 a. Please attach copies of any proficiency programme results (relating to the new methods listed in Section 2.1, 3.1, and/or 4.1) and complete the form in Section 7. |

PROFICIENCY TESTING PARTICIPATION

The minimum amount of appropriate proficiency testing required per laboratory, once accredited, is participation in as many inter-laboratory comparison programmes (where available) to cover the scope of accreditation and to participate in all relevant rounds that are available. For the MPI RLP there are mandated rounds for certain classes of tests. Please refer to the programme Specific Criteria for Accreditation and regulatory standards for further information.

Please complete the table below as per the first example line with the laboratory’s plan for participating in proficiency testing programmes for the calendar year entered. The laboratory’s proficiency plan is to cover a **four year** accreditation cycle.

If the plan is the same for each year please complete it for one year and note below that it is the same. Alternatively, if the laboratory already has a documented plan in their management system, please provide this in lieu of the table below.

The assessment team will review the proficiency testing records available as per the documented plan which will be kept on file for follow up surveillance assessments.

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| Year | Type \* | Proficiency Testing Provider | Programme | Matrix / Material  (sample type) | Testing Discipline  (i.e. chemical) | Rounds per year |
| 2014 | A | Global | WaterChek | Water | Chemistry | 6 |
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\*The type of proficiency programme is defined as follows:

A Accredited Proficiency Testing Provider (accredited to ISO 17043)

B Other formal multi-laboratory proficiency testing programme

C Informal inter-laboratory programme

D Intra-laboratory Programme